



CANNON BUILDING  
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STATE OF DELAWARE

**COMMISSION ON ADULT ENTERTAINMENT  
ESTABLISHMENTS**

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EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**CERTIFICATE OF GRADUATION IN PHARMACY**

**INSTRUCTIONS**

This form is for applicants for Delaware Pharmacist licensure who graduated from a school or college of Pharmacy in the U.S.

- The applicant completes the **APPLICANT INFORMATION** section and sends this form to his or her school or college of pharmacy.
- The Dean or Secretary of the college or school completes the information in the **CERTIFICATION** section, signs and seals the form and sends it directly to the Board office at the address above.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Application ID: \_\_\_\_\_

**CERTIFICATION**

1. Name of Pharmacy School or College: \_\_\_\_\_
2. Degree Awarded: \_\_\_\_\_
3. Degree Date: \_\_\_\_\_

**I certify that the above information is accurate.**

Printed Name of Secretary or Dean: \_\_\_\_\_

**Signature of Secretary or Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AFFIX  
INSTITUTION  
SEAL

**Send this form *directly* to the Board of Pharmacy office at the address above.**